STATE OF SOUTH CAROLINA		251035	
Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo  CHARLESTON PENINSULA TRANSPORTATION  LLC		BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET	
Please type or print ubmitted by:	NASEEB RAHHAL	Telephone:	(843)224-4299
ddress:	3590 MRY ADER AVE #312	Fax:	(010)227-7200
	CHARLESTON, SC 29414	Other: Email:	
·····	NATURE OF ACTION	(Check all tha	at apply)
	NATURE OF ACTION	(Check all tha	at apply)
Application	- Class C Taxi		Request to Amend Scope of Authority
Application ·	- Class C Charter		Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus			Request to Amend Passenger Limit
Application - Class C Non-Emergency			Request
Application - Class E Household Goods			Exhibit
Application - Class E Hazardous Waste			Late-Filed Exhibit
Application			Letter , JUN 13 2014
Request for Extension to Comply with Order			Proposed Order PSC SC MAIL/LIMS
Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded			Publisher's Affidavit
Request for Cancellation of Certificate			Reservation Letter
Request for Suspension			Response
Request for Reinstatement			Return to Petition
Request for Name Change on Certificate			Other:

CLASS	C AMENDMENT FORM		
File the original with:	Mail or fax a copy to:		
Public Service Commission of South Carol Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815		
DATE: 6/1/2014	JUN 1 3 2014		
I have the following Certificate:	TRANS DEPT		
Class C Taxi # Class C C	harter # 2013-132 Class C Charter Bus #		
Class C Non-Emergency #			
Please consider this as my request for the fo			
Name Change	billowing amendment(s) to my Certificate:		
From: NASEEB RAHHAL	DBA: CHARLESTON PENINSULA TRANSPORTATION		
(Current Name)	(Current DBA if applicable)		
TO: CHARLESTON PENINSULA TRANSPORTATION LLI	C DBA:		
(New Name)	(New DBA if applicable)		
Scope of Authority			
From:	To:		
(Current Scope)	(New Scope)		
Passenger Limit			
From:	To:		
(Current Limit Number)	(New Limit Number)		
CHARLESTON PENINSULA TRANSPORTATION LLC	3590 MARY ADER AVE #312		
Name & DBA if DBA is applicable)	(Street and/or Mailing Address)		
CHARLESTON, SC 29414	- New eldow		
(City, State, Zip Code)	(Signature)		
(843) 224-4299	OWBER		
(Telephone Number)	(Title) Owner, President, etc.		

## The State of South Carolina



Office of Secretary of State Mark Hammond

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CHARLESTON PENINSULA TRANPORTATION LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 13th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

RECEIVED

JUN 13 2014

TRANS DEPT

Given under my Hand and the Great Seal of the State of South Carolina this 31st day of January, 2014.

Mark Hammond, Secretary of State